

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street) ▼

3601 Vincennes Road

PO Box 68700

☐ Check if different than previously reported. (ACC)

Indianapolis

IN

46268

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2015

through

M M M / D D D / Y Y Y Y Y Y
02 28 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer

Mr. Gregg A. Dykstra J.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 18 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
02		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
02		28		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">78506.16</td></tr></table>	78506.16				
Y	Y	Y	Y	Y													
2015																	
78506.16																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">84523.58</td></tr></table>	84523.58															
84523.58																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">42383.67</td></tr></table>	42383.67					<table><tr><td colspan="5">70732.55</td></tr></table>	70732.55									
42383.67																	
70732.55																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">126907.25</td></tr></table>	126907.25					<table><tr><td colspan="5">149238.71</td></tr></table>	149238.71									
126907.25																	
149238.71																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">47550.78</td></tr></table>	47550.78					<table><tr><td colspan="5">69882.24</td></tr></table>	69882.24									
47550.78																	
69882.24																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">79356.47</td></tr></table>	79356.47					<table><tr><td colspan="5">79356.47</td></tr></table>	79356.47									
79356.47																	
79356.47																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
02		01		2015

To:

M M	/	D D	/	Y Y Y Y
02		28		2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

26367.23

33796.87

(ii) Unitemized

15929.99

31778.40

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42297.22

65575.27

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

42297.22

70575.27

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

81.46

147.69

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

4.99

9.59

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

42383.67

70732.55

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

42383.67

70732.55

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	50.78	132.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	50.78	132.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	67500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47550.78	69882.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47550.78	69882.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42297.22	70575.27
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42297.22	70325.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	50.78	132.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	81.46	147.69
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-30.68	-15.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph J. Babiak

Mailing Address 404 E Woodlawn Ave

City

Hastings

State

MI

Zip Code

49058-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hastings Mutual Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2015

Transaction ID : A0B631B16F08449C4BBC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Mike Bayless

Mailing Address PO Box 8450

City

Lumberton

State

TX

Zip Code

77657-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Germania Farm Mutual Insurance Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2015

Transaction ID : AF6894746DD0942F6ADB

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mr. Ralph A. Beadle

Mailing Address PO Box 53658

City

Lubbock

State

TX

Zip Code

79453-3658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Germania Farm Mutual Insurance Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2015

Transaction ID : AF8C23F6EABD542F8858

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John S. Benson

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

MM / DD / YYYY
 02 / 13 / 2015

Transaction ID : AFCB71581743B45E7B2B

Amount of Each Receipt this Period

117.00

Full Name (Last, First, Middle Initial)

B. Mr. John S. Benson

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

MM / DD / YYYY
 02 / 27 / 2015

Transaction ID : AB3C72CE2A3F14F028D5

Amount of Each Receipt this Period

117.00

Full Name (Last, First, Middle Initial)

C. Mr. William J. Boer

Mailing Address PO Box 645

City State Zip Code
 Brenham TX 77834-0645

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Germania Farm Mutual Insurance Associa

Occupation
 Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 02 / 10 / 2015

Transaction ID : A4F706FF483784BA6896

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

484.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott Carmack

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Vice President of Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2015

Transaction ID : A7CCEFEA186F446E5B02

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

State

Zip Code

Indianapolis

IN

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

02 / 10 / 2015

Transaction ID : A227313A2B8B64E98BB8

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

c. Mr. Christopher Cleveland

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Managing Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2015

Transaction ID : A8F84D2E339F944FBB18

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

690.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dan Czmer

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 17 2015

Transaction ID : AE71BA0A592EF4E4A9E9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Jack D'Arcy

Mailing Address 6603 Cooper Road

City State Zip Code
 Marlette MI 48453-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 17 2015

Transaction ID : A4EDB5916B08B434BB67

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Davis

Mailing Address 1430 Manistee Drive

City State Zip Code
 Grand Blanc MI 48439-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 17 2015

Transaction ID : A9483ACFFBF73433D863

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dan DeArment PFMM

Mailing Address PO Box 646

City State Zip Code
 Bedford PA 15522-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Friends Cove Mutual Insurance Company

Occupation
 President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 17 2015

Transaction ID : A90747E5C18E64028B79

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Rebekah L. Deters

Mailing Address PO Box 207

City State Zip Code
 Teutopolis IL 62467-0207

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Home Farmers Mutual Insurance Company

Occupation
 Office Manager/Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 05 2015

Transaction ID : A3D3F75DAD94E4AA5951

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel Dierks

Mailing Address PO Box 59

City State Zip Code
 Traer IA 50675-0059

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Farmers Mutual Insurance Association

Occupation
 Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 03 2015

Transaction ID : A70CBC33FC58A477C926

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert D. Dodds

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lititz Mutual Insurance Company

Occupation

Vice President, Legal & Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2015

Transaction ID : AB8F1098674CF476CBAB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.48

Date of Receipt

02 / 10 / 2015

Transaction ID : AFB229ED4978D49FF8E4

Amount of Each Receipt this Period

96.16

Full Name (Last, First, Middle Initial)

c. Mr. Fred A. Edmond CPCU, CIC

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

02 / 13 / 2015

Transaction ID : A8A5D5C765B31467F8C5

Amount of Each Receipt this Period

77.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

423.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Fred A. Edmond CPCU, CIC

Mailing Address One Mutual Avenue

City State Zip Code
 Frankenmuth MI 48787-1000

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Frankenmuth Mutual Insurance Company

Occupation
 President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : AEAE30AB81FF84AE6AB7

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul Ehlert JD

Mailing Address PO Box 645

City State Zip Code
 Brenham TX 77834-0645

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Germania Farm Mutual Insurance Associa

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015

Transaction ID : A961E8A9FEA2A477BA1A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Pam Emmendorfer

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Vice President of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015

Transaction ID : A0B033D023AFB4B04B50

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1377.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen F. Fabian

Mailing Address 200 N Main St

City
Bel Air

State
MD

Zip Code
21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President, Chief Information Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

02 / 17 / 2015

Transaction ID : A6CF9E56584E245D389E

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mr. Kurt P. Foley

Mailing Address 1510 N Elms Rd

City
Flint

State
MI

Zip Code
48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

02 / 17 / 2015

Transaction ID : A57A8ACD8B01D41A6B91

Amount of Each Receipt this Period

2900.00

Full Name (Last, First, Middle Initial)

c. Mr. Chuck Garry

Mailing Address 1510 N Elms Rd

City
Flint

State
MI

Zip Code
48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Vice President - Director of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2015

Transaction ID : A57A4A7A7279F4E7394D

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3283.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Henry H. Gibbel

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lititz Mutual Insurance Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2015

Transaction ID : A6C04C5C694974DA088F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Henry R. Gibbel

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lititz Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 13 / 2015

Transaction ID : AAD18290D641C4062AC5

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

c. John R. Gibbel

Mailing Address PO Box 16

City

Lititz

State

PA

Zip Code

17543-0016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lititz Mutual Insurance Company

Occupation

Secretary, VP & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

02 / 13 / 2015

Transaction ID : A948C40AD14504DB7B7C

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gordon H. Gingrich

Mailing Address 711 Surfwood Ln

City

Davison

State

MI

Zip Code

48423-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2015

Transaction ID : A91B9B2E05A634CD9AC1

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Harlan W. Gingrich

Mailing Address 7456 Wicklow N Dr

City

Davison

State

MI

Zip Code

48423-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2015

Transaction ID : A4B395F33C102476781E

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Jimi Grande

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.92

Date of Receipt

02 / 10 / 2015

Transaction ID : A79F4AD58F3CC46079AA

Amount of Each Receipt this Period

113.64

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

713.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual Fire Insurance

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2015

Transaction ID : A18FD68205E314EF481F

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Mr. Stuart C. Henderson JD, CPCU

Mailing Address 5350 West 78th Street

City State Zip Code
Edina MN 55439-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western National Mutual Insurance Comp

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : ABB3AFD75486348C0B83

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr. C. H. Herring Jr.

Mailing Address 1511 West Walker

City State Zip Code
Breckenridge TX 76424-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Germania Farm Mutual Insurance Associa

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2015

Transaction ID : A936443A9A3A24AB0A02

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3045.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dwayne W. Herring

Mailing Address 6905 Foxtail Pine Pl

City

Amarillo

State

TX

Zip Code

79124-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Germania Farm Mutual Insurance Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2015

Transaction ID : A1885BB1E59C54A6C919

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Michaele Hobson

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2015

Transaction ID : AEC00D96D033A494BBA4

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven J. Holsinger

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lititz Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2015

Transaction ID : A9F84F2869C2E4C059AA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ann Jahn

Mailing Address PO Box 5

City State Zip Code
 Reynolds IL 61279-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hamlet Mutual Insurance Company

Occupation
 Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015

Transaction ID : AC8D6CCA8AA46412D8CE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Russell Janecka

Mailing Address PO Box 2554

City State Zip Code
 Victoria TX 77902-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Germania Farm Mutual Insurance Associa

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015

Transaction ID : AA2263009422C419A951

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Debora K. Liden

Mailing Address PO Box 592

City State Zip Code
 Thief River Falls MN 56701-0592

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bray-Gentilly Mutual Insurance Company

Occupation
 Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

Transaction ID : A74C7E802B0B048B2B37

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven D. Linkous

Mailing Address 200 N Main St

City State Zip Code
 Bel Air MD 21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harford Mutual Insurance Company

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 17 2015

Transaction ID : A0FAFF02251FE4F54A7A

Amount of Each Receipt this Period

208.26

Full Name (Last, First, Middle Initial)

B. Ms. Lisa Lott

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Vice President/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 17 2015

Transaction ID : A0E90842298C0473C939

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott A. Lutz

Mailing Address PO Box 900

City State Zip Code
 Lititz PA 17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lititz Mutual Insurance Company

Occupation
 Claims Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 13 2015

Transaction ID : A24C9342DB2FB4FDAAF9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

758.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary R. Miller

Mailing Address 3008 Dawn Dr Ste 205

City

Georgetown

State

TX

Zip Code

78628-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Germania Farm Mutual Insurance Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2015

Transaction ID : AE184634725BB4888A84

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Dona L. Mohr

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2015

Transaction ID : ACAC105B7FEE04E9B83D

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Mr. Eric Nelson

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2015

Transaction ID : A4D1B833B382D4B9BB66

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

545.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert F. Ohler

Mailing Address 200 N Main St

City
Bel Air

State
MD

Zip Code
21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

02 / 17 / 2015

Transaction ID : AF163D807D75C4466A7C

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mr. Tony Paris

Mailing Address 1510 N Elms Rd

City
Flint

State
MI

Zip Code
48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Vice President, CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 17 / 2015

Transaction ID : AC1C0BBCDF5DA4BAAB2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. William A. Poppen

Mailing Address PO Box 9

City
De Smet

State
SD

Zip Code
57231-0009

FEC ID number of contributing
federal political committee.

C

Name of Employer

De Smet Farm Mutual Insurance Company

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 03 / 2015

Transaction ID : A9BE442DFCAA24AFE8A3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Anthony Reeves

Mailing Address 1015 N Midkiff Rd Ste A

City State Zip Code
Midland TX 79701-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Germania Farm Mutual Insurance Associa

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 10 / 2015

Transaction ID : A988073097E634DE3A92

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Linda M. Schmidt

Mailing Address 500 South US Highway 77-A

City State Zip Code
Yoakum TX 77995-1399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mutual Insurance

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2015

Transaction ID : A545D7831453B45238E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City State Zip Code
Phoenix AZ 85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer
CopperPoint Mutual Insurance Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

02 / 05 / 2015

Transaction ID : ADDD8C818B15C40F5B5B

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

855.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

02 / 18 / 2015

Transaction ID : AC75EF7786D3E439C856

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. Mr. John R. Spielberg

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

02 / 17 / 2015

Transaction ID : AE06C828E7DCA4CA38DF

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

c. Mr. Donald W. Spiess

Mailing Address PO Box 640

City

Brenham

State

TX

Zip Code

77834-0640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Germania Farm Mutual Insurance Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 10 / 2015

Transaction ID : AE4F66AB7669A4CE4B6B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

438.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Stearns

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Pioneer State Mutual Insurance Company Field Property Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 17 / 2015

Transaction ID : A9EA6C969E53647E6AE1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City State Zip Code
 Indianapolis IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 NAMIC Insurance Company, Inc. President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

02 / 10 / 2015

Transaction ID : AFD821A8CC8804A5BA74

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Mr. Christopher P. Taft CPA, CIC

Mailing Address 1 Preferred Way

City State Zip Code
 New Berlin NY 13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Preferred Mutual Insurance Company President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 05 / 2015

Transaction ID : AA63E486ADAB446D6A39

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2346.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bruce D. Thomas PFMM

Mailing Address PO Box 594

City State Zip Code
 Algona IA 50511-0594

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Heartland Mutual Insurance Association

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
 02 / 17 / 2015

Transaction ID : A6405FADD3399402E802

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary W. Thompson CPCU, CIC

Mailing Address PO Box 618

City State Zip Code
 Columbia MO 65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Columbia Mutual Insurance Company

Occupation
 President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
 02 / 02 / 2015

Transaction ID : A71CACC6DD791431BB21

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel West

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 02 / 17 / 2015

Transaction ID : A054D1DD2C76349B59C7

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

26367.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 32
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 8751 Michigan Rd

City State Zip Code
Indianapolis IN 46268-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 27 2015

Transaction ID : A893E4CBC30B1436E98F

Amount of Each Receipt this Period

4.93

Bank Interest

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 8751 Michigan Rd

City State Zip Code
Indianapolis IN 46268-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.59

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 28 2015

Transaction ID : A734CB4CD83D647169A8

Amount of Each Receipt this Period

0.06

Bank Interest

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.99

4.99

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Mutual Insurance Companies PAC

5.75

45.03

50.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City
BALLWINState
MOZip Code
63022Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Ann L. WagnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Transaction ID : B132E478DCE114BE3BFF

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Blaine for Congress

Mailing Address PO Box 1025

City
Jefferson CityState
MOZip Code
65102-1025Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Blaine LuetkemeyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Transaction ID : BC657DBF472404147A64

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Transaction ID : BEDD169D00A7043FC8E7

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19500.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Association of Mutual Insurance Companies PAC

2000.00

1000.00

4000.00

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN MCCAIN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : B4D94C7FE512945B4991Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. John McCain IIICategory/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District:

Full Name (Last, First, Middle Initial)

B. Friends of Pat Toomey

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address 228 S. Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314-5404

Transaction ID : BAE76A1EADF444A6AB8CPurpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Pat J. ToomeyCategory/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
New York	NY	10016-6823

Transaction ID : BF192FB11E991421BBB4Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Charles E. SchumerCategory/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : BF4398DA7595B4B1C87E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Kirk for Senate

Mailing Address PO Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Mark Steven KirkOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : BD315149773894741A67

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McHenry for Congress

Mailing Address PO Box 1406

City	State	Zip Code
Hickory	NC	28603

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Patrick T. McHenryOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : B0B1C395394E942A2BB3

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Schock for Congress

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Aaron J. SchockOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : BB74E0767FE7F4464BA7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Steve E. StiversOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : B321C357B5CB7445896A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City	State	Zip Code
CHARLESTON	SC	29407

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Tim E. ScottOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : B5E1123424A3842AF92F

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

47500.00
